

In The united States  
District Court For  
the Northern District  
of California

Alex D. Camp  
plaintiffs,  
v.

p. Leonida  
defendants

## AMENDED Complaint

Civil action No. C07-6478 wha(pr)

RECEIVED

FFR 15 2008

M  
Motion For Leave To file an  
AMENDED Complaint

RICHARD L. WILSON  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

plaintiffs is including in this Amended Complaint  
Factual Document of the incident at hand. Form 602  
(12/87) Inmate/parolee Appeal form.

[2-9-08]

respectfully submitted,

[Alex D. Camp]  
[4730 E butler ave #124  
fresno ca 93702]

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

 1. SQ  
 2. \_\_\_\_\_

 1. 0703165  
 2. \_\_\_\_\_

 Category 7

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

EDUCATION P. LEONIDA

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
CAMP	F-60310	Education	2H77 3412

A. Describe Problem: THIS IS A INMATE APPEAL PURSUANT TO 15 CCR SECTION 3084.1 et aland complies with the exhaustion requirements of 42 U.S.C. Section 1997(e) and the Prison Litigation Reform Act.

### STATEMENT OF THE CASE

APPELLANT IS A STUDENT IN THE EDUCATION DEPARTMENT WHO SUFERS FROM A SERIOUS MEDICAL CONDITION THAT REQUIRES THAT HE BE SUPERVISED BY AND TAUGHT BY EMPLOYEES WHO EITHER UNDERSTAND OR ARE SENSITIVE TO

If you need more space, attach one additional sheet.

B. Action Requested: APPELLANT REQUEST THAT THE EDUCATION DEPARTMENT INVESTIGATE THE REASONS WHY THE INSTRUCTOR P. Leonida refused to administor appropriate treatment and impeded his health care on May 30, 2007  
APPELLANT FURTHER REQUEST THAT THE INSTRUCTOR (LEONIDA BE REQUIRED TO ATTEND APPROPRIATE TRAINING AS DETERMINED BY THE WARDEN TO LEARN HOW TO

 Inmate/Parolee Signature: [Signature]

 Date Submitted: 6-14-07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

# Bypass

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

### D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

# Bypass

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: JUL 26 2007 Due Date: SEP 07 2007

Interviewed by: \_\_\_\_\_

Staff Signature: T. Helt Title: Principal Date Completed: 9/17/07Division Head Approved: \_\_\_\_\_ Title: AW(A) OCT 02 REG ReturnedSignature: [Signature] Date to Inmate: 9/27/07

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: \_\_\_\_\_

Page Two  
Camp F-60310  
June 7, 2007

TO HIS MEDICAL CONCERNS WITHOUT SOUNDING DELIBERATE INDIFFERENCE  
TO THEIR SERIOUS MEDICAL CONCERNS.

On On May, 30, 2007, appellant who suffers from a seizure condition informed the instructor that he was <sup>not</sup> feeling well and was in anticipation of a seizure coming on. Instead of calling for medical assistance the instructor moved to sound deliberate indifference by ordering appellant that he had a certain amount of time get over his medical condition that he has no control over and get to his educational work.

In fact the instructors behavior may have brought on a seizure for which appellant was removed from class for. During the seizure the appellant suffered head injuries and now has continued headaches.

Per 15 CCR appellant was assisted by another inmate with this administrative appeal.

ACTION REQUESTED CONTINUED

TREAT SUPERVISE INMATE WITH MEDICAL PROBLEMS WITH OU SOUNDING  
DELIBERATE INDIFFERENCE TO THEIR HEALTH PROBLEMS.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDC 128-B

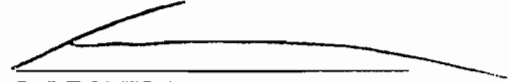
NAME AND NUMBER CAMP

F-60310

2H-77-L

On Wednesday, May 30, I/M CAMP was issued a CDC 128-A for non-performance. On Thursday, 5/31/07 at approximately 0800 I/M CAMP entered classroom three (GED). By 0825 CAMP had not yet begun working. I informed CAMP that I expected him to continue working on his assignment. CAMP informed me that he was not feeling well and stated, "I feel a seizure coming on". I told him he had 20 minutes to compose himself and that I expected him to continue working. CAMP never asked for a pass to medical. CAMP then stated, "if I have a seizure, it's on you". I told CAMP that I was prepared if he had a seizure, and proceeded to work with students in class. At approximately 0830 I saw I/M CAMP walk slowly towards the door. Seconds later I saw his feet convulsing outside the door to my room. I hit my personal alarm and notified Officer VELOSO. At approximately 1045 on 5/31/07 I/M CAMP returned to class and stated that he wanted speak with me. At 1100 hours I spoke with CAMP in the hall. He stated that he could not take the stress of my class and that stress imposed on him by me was what had caused his seizure. He stated that the assignment I had given him on 5/30/07 as well as the subsequent CDC 128-A for non-performance was the main cause of the stress.

CC: C-File

ED-FILE  
INMATE  
\_\_\_\_\_  
W. REEVES  
Supervisor of Academic Instruction  
\_\_\_\_\_  
P. LEONIDA  
Academic Instructor

State of California

# Memorandum

Date : August 28, 2007

To : CAMP F-60310

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # 07-03165**

**APPEAL ISSUE:** The appellant requests that the Education Department investigate the reasons why P. Leonida, Teacher refused to send for medial assistance when the appellant was anticipating a seizure. Also that P. Leonida, Teacher learn how to work with Inmates that have medical problems.

**DETERMINATION OF ISSUE:** A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal has been handled as follows:

- ☒ PROCESSED AS A STAFF COMPLAINT APPEAL INQUIRY  
☐ REFERRED TO THE OFFICE OF INTERNAL AFFAIRS (Note: You will be notified of the conclusion of any internal affairs investigation)

## FINDINGS FOR AN APPEAL INQUIRY:

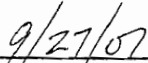
The appeal is **PARTIALLY GRANTED** at First Level, as an inquiry into your allegation has been conducted. You were interviewed by T. Roberts Supervisor of Correctional Education Program on September 10, 2007. All supporting evidence has been reviewed including a copy of the 128B written by Mr. Leonida. While you were a student in the GED classroom, you approached the teacher Mr. Leonida with medical concerns after being confronted about your non participation in the Classroom. After being confronted, you made a statement that you felt a seizure coming on, the teacher instructed you to take a 20 minute break from work and try to compose yourself. Upon noticing that you needed medial assistance, Mr. Leonida pushed his alarm to call for immediate medical help.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE. As such, results of any inquiry/investigation will not be shared with staff, members of the public, or inmates. Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process.

Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process. If you wish to appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Director's Level of Review. Once a decision has been rendered at the Director's Level of Review, your administrative remedies will be considered exhausted.

Please print and sign below:

  
Warden/CDW/HCM (Second Level)

  
Date



STATE OF CALIFORNIA  
 RIGHTS AND RESPONSIBILITY STATEMENT  
 CDCR 1858 (Rev. 10/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## RIGHTS AND RESPONSIBILITY STATEMENT

*The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.*

*Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:*

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER** [this includes a departmental peace officer] **FOR ANY IMPROPER POLICE** [or peace] **OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS'** [or inmates'/parolees'] **COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN** [or inmate/parolee] **COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED	
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

**DISTRIBUTION:**

ORIGINAL -

Public - Institution Head/Parole Administrator

Inmate/Parolee - Attach to CDC form 602

Employee - Institution Head/Parole Administrator

COPY - Complainant

Alex camp F60310  
4-H-92 S X SP  
San Quentin CA 94974

**SAN QUENTIN STATE PRISON**

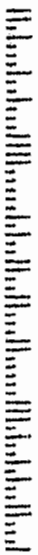


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